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# **POWER OF ATTORNEY** and **CORRESPONDENCE ADDRESS** INDICATION FORM

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Application Number	101549527					
Filing Date	9/19/2005					
First Named Inventor	NORIFUMI KOKAWA					
Title	ANTI-SEISMIC REINFOR					
Art Unit						
Examiner Name						
Attorney Docket Number	MTCUS-1					

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	phone	617-558-5389		Fax	617-332-0371	
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Name	NORIFUMI KOKÁV	VA				
Signature	North	mi Kokawa				
Date	Dec 7	2001			Telephone	06-6190-6756
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Application Number	10/549 527
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First Named Inventor	NORIFUMI KOKAWA
Title	ANTI-SEISMIC REINFORC
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Examiner Name	
Attorney Docket Number	MTCUS-1

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Application Number	10/549527
Filing Date	9/19/2005
First Named Inventor	NORIFÚMI KOKAWA
Title	ANTI-SEISMIC REINFORG
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First Named Inventor	NORIFUMI KOKAWA
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Name YASUMASA YAM	AMOTO					
Signature Yasuma	ca Yamamoto					
Date Dec	12 205		· · · · · ·	Telephone	06-6190-6756	
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First Named Inventor	NORIFÚMI KOKAWA						
Title	ANTI-SEISHIC REINFOR.						
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First Named Inventor	NORIFUMI KOKAWA
Title	ANTI-SEISMIC REINFORC
Art Unit	
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Name	SHOUZOU TAKIGA	\WA					
Signature	SHOUZO	V TAKIGAWA					
Date	DEC 06	2005			Telephone	06-6190-6756	
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Name	YAEKO KIDA					**************************************	····
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Date	Dec	09 2005			Telephone	06-6190-6756	
NOTE: Signa forms if more	itures of all the inventor	s or assignees of record of the entire	e interest or th	neir representa	itive(s) are required.	Submit multiple	
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I am the:	· · · · · · · · · · · · · · · · · · ·	617-558-5389		Fax	617-332-0371		
	Applicant/Inventor.	,					
		the entire interest. See 37 CFR FR 3.73(b) is enclosed. (Form F					
	ATURE of Applicant o	or Assignee of Record (if assig	gnee, put nan	me, title and	company name ir	n the "Name" space below)	
Name	KOUTAROU SHIN	JYOU					
Signature	kouta	trou Shinjyou					
Date	<u>DEC</u>	7 2005		<del> </del>	Telephone	06-6190-6756	
NOTE: Sign	natures of all the inventors re than one signature is n	s or assignees of record of the entirequired, see below.	e interest or the	eir representa	ative(s) are required.	Submit multiple	
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## **POWER OF ATTORNEY** and **CORRESPONDENCE ADDRESS** INDICATION FORM

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Application Number	10/549527
Filing Date	9/19/2005
First Named Inventor	NORIFUMI KOKAWA
Title	ANTI-SEISHIC REINFOR
Art Unit	
Examiner Name	
Attorney Docket Number	MTCUS-1

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Name	HIROSHI TSUNOB	E				
Signature		Hornsha J.	sunon	he		
Date		Dec 7 Local	5		Telephone	06-6190-6756
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I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)								
SIGNATURE of Applicant or Assignee of Record (if assignee, put name, title and company name in the "Name" space below)								
Name	MINORU TERADA							
Signature	MINORU	TERADA						
Date	Dec 6 20	005	=		Telepho	ne 06	-6190-6756	
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First Named Inventor	NORIFUMÍ KOKAWA
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Art Unit	
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SIGNATURE of Applicant or Assignee of Record (if assignee, put name, title and company name in the "Name" space below)									
Name MASASHI YAMASHITA									
Signature MASASHI YAMSHITA									
Date	pec 7	2005			Те	lephone	06-6	3190-6756	]
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